

# Third Party Authorization Form

The undersigned hereby authorizes THE CITY OF DOVER to release information relating to disconnections to electric at the property address set forth below.

- This authorization shall be effective on the date of this form and shall continue for so long as the undersigned holds an account with THE CITY OF DOVER.
- Subsequent changes to this Third Party Notification must be submitted in writing.
- The Third Party is not obligated to pay the bill, nor have any legal responsibility.

**Authorization Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**Customer Account #**

**Property Address:** \_\_\_\_\_

\_\_\_\_\_  
**Print Customer Name**

\_\_\_\_\_  
**Customer Signature**

I authorize THE CITY OF DOVER to send a copy of any disconnect notice for the above account to:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Fax:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_



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